

CHAPTER 27

PHARMACY

STANDARD OPERATING PROCEDURE

500 BED FLEET HOSPITAL

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PHARMACY DEPARTMENT

A. **MISSION:** Provide pharmaceutical support to all sections of the Combat Zone Hospital. Provide the drug inventory necessary for patient care. Ensure the accountability of all medication and drugs. For the purpose of a "Humanitarian Mission" pediatric dose medication will not be stocked in the hospital. Doses will be prepared from in stock drugs; (1) by Pharmacy when practical; (2) in all other instances nurses will be responsible for calculating, preparing, and providing the most convenient method of medication administration.

3. Limited I.V. admixture program available.

4. Limited capability to dispense outpatient prescriptions.

E. **WORKLOAD:** N/A.

F. **ORGANIZATION:**

1. Responsibility. The Head, Pharmacy Department, who reports to the Director of Ancillary Services, is assigned overall management responsibility.

2. Organizational chart.

COMMANDING OFFICER

DIRECTOR OF ANCILLARY
SERVICES

HEAD, PHARMACY
O-4

STAFF PHARMACIST
O-3

PHARMACY SUPERVISOR
E-7

PHARMACY TECHNICIAN
E-6

PHARMACY TECHNICIAN
E-6

PHARMACY TECHNICIAN
E-6

PHARMACY TECHNICIAN
E-5

PHARMACY TECHNICIAN
E-5

PHARMACY TECHNICIAN
E-5

PHARMACY TECHNICIAN
E-4

3. Staffing.

(a) Criteria.

(1) A pharmacist or senior enlisted (E-7 or above) pharmacy technician must be assigned to each watch, either onboard or standby.

(2) A technician must be assigned to the supply section daily.

(3) All staff personnel must be trained in I.V. admixture

b. Staffing pattern: Two 12 hour watches.

<u>Personnel Assigned</u>	<u>AM Watch</u>	<u>Night Watch</u>	<u>Total</u>
Head, Pharmacy Department	1 (O-4)		1
Staff Pharmacist	1 (O-3)		1
Pharmacy Supervisor	1 (E-7)		1
Pharmacy Technician	2 (E-6)	1 (E-6)	3
Pharmacy Technician	1 (E-5)	2 (E-5)	3
Pharmacy Technician	1 (E-4)		2

4. Assignments by billet sequence number: See TAB A, page 7.

5. Watch bill: See TAB B, page 8.

6. Special watches: N/A.

G. TASKS:

TASK	METHOD
1. FILL OUTPATIENT PRESCRIPTIONS	1.1 Accept prescriptions and review for correctness and completeness IAW TAB C-1.

- 1.2 Type the label IAW
MANMED 12-5; IAW TAB
C-2.
- 1.3 Assign the prescription
number to the
prescription IAW TAB
C-3.
- 1.4 Fill the prescription
IAW TAB C-4.
- 1.5 Check the prescription
IAW TAB C-5.
- 1.6 Dispense the
prescription IAW TAB
C-6.
- 1.7 File the prescription
IAW TAB C-7.
2. COMPOUND MEDICATIONS 2.1 Prepare IAW TAB C-8.
3. DISPENSE NARCOTIC/
CONTROLLED SUBSTANCES
TO PATIENT CARE AREAS. 3.1 Accept prescription from
ward personnel IAW TAB
C-1. Ensure that:
 - Ward/patient care area
is identified.
 - Prescriber information
conforms to MANMED
21-27.
- 3.2 Type the label IAW TAB
C-14.
- 3.3 Assign the prescription
number to the
prescription IAW TAB
C-3.
- 3.4 Fill the prescription
IAW TABS C-4 and C-9.
- 3.5 Make appropriate entry
on NAVMED 6710/5.

- 3.6 Issue 6710/1 to the ward with the medication IAW TAB C-9.
- 3.7 Check the prescription IAW TAB C-5.
- 3.8 Dispense the medication IAW TAB C-6.
- 4. PREPARE I.V. ADMIXTURES
 - 4.1 Receive new order:
 - Via I.V. Additive Form delivered from the wards IAW TAB C-25.
 - Via verbal order. See TAB C-11.
 - 4.2 Transcribe orders from I.V. Admixture Order Form to I.V. Additive Profile IAW TAB C-11 and place in the file alphabetically by patient name with remainder of I.V. profiles.
 - 4.3 Pull all sheets for I.V.s to be prepared for the next delivery IAW TAB C-25.
 - 4.4 Type label IAW TAB G-17.
 - 4.5 Prepare and label I.V. solution IAW TABS C-11 and C-12.
 - 4.6 Have preparation checked by a second party unless prepared by a Registered Pharmacist.
 - 4.7 Deliver to wards/patient areas IAW TAB C-25.

- | | | | |
|----|---|-----|--|
| 5. | FILL FLOOR STOCK
ORDERS | 5.1 | Receive order IAW TAB
C-13. |
| | | 5.2 | Fill and label IAW TABs
C-14 and G-17. |
| | | 5.3 | Ensure orders are ready
for pick-up at 1500 IAW
TAB C-25. |
| | | 5.4 | Place filled orders in
specified area. |
| | | 5.5 | Obtain recipient's
signature. |
| | | 5.6 | Retain completed orders
in a specified area
until workload
tabulation is completed
(See TAB C-22). |
| | | | |
| H. | <u>STANDARD OPERATING PROCEDURES:</u> | | See TAB C, page 10. |
| I. | <u>CLINICAL POLICIES/GUIDELINES:</u> | | See TAB D, page 46. |
| J. | <u>STANDARDS AND JOB DESCRIPTIONS:</u> | | See TAB E, page 48. |
| K. | <u>DOCUMENTATION:</u> | | |
| | 1. References | | See TAB F, page 65. |
| | 2. Forms | | See TAB G, page 66. |

TAB A

ASSIGNMENTS BY BILLET SEQUENCE CODE

Department: PHARMACY.

<u>Billet Number</u>	<u>Title</u>	<u>Designator</u>	<u>Rank/ Rate</u>
75029	Head, Pharmacy Dept	2300/1887E	0-4
75049	Pharmacist	2300/1887E	0-3
75019	Pharmacy Supervisor	0000/HM	E-7*
75039	Pharmacy Tech	0000/HM	E-6**
75059	Pharmacy Tech	0000/HM	E-5**
75061	Pharmacy Tech	0000/HM	E-5**
75063	Pharmacy Tech	0000/HM	E-5**
75069	Pharmacy Tech	0000/HM	E-6
75071	Pharmacy Tech	0000/HM	E-6
75079	Pharmacy Tech	0000/HM	E-4

* NOTE 1. Covers watches as a pharmacist.

** NOTE 2. Stands duty as LPO of section.

TAB B

WATCH BILL FOR PHARMACY DEPARTMENT

Billet#

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
			*			*					*			*				*		

75029 O-5

A	A	A	A	A	A	*	A	A	A	A	A	E	A	A	A	A	A	A	*	E
				*						*			*						*	

* 75049 O-3

N	N	N	N	N	*	E	N	N	N	N	N	N	*	N	N	N	N	N	E	N
					*		*					*					*		*	

75019 E-7

A	A	A	A	A	E	A	A	A	A	A	A	*	E	A	A	A	A	A	A	*
					*		*													

75039 E-6

A	A	A	A	A	*	E	A	A	A	A	*	N	N	N	N	N	N	N	E	A
						*		*					*						*	

75069 E-6

A	A	A	A	A	A	*	A	A	A	A	A	A	E	A	A	A	A	*	N	N
											*								*	

75071 E-6

N	N	N	N	N	E	A	A	A	A	A	A	*	A	A	A	A	A	A	*	E

75059 E-5

A	A	A	A	*	N	N	N	N	N	N	N	E	*	A	A	A	A	A	A	*
											*			*						

75061 E-5

N	N	N	N	N	E	A	A	A	A	A	A	A	*	A	A	A	A	*	N	N
						*											*			

* 75063 E-4

A	A	A	A	*	N	N	N	N	N	N	N	E	A	A	A	A	A	A	A	*

*
75079 E-4
A A A A A A * A A A A * N N N N N N N E A

KEY:

A = 0700-1900.

P = 1900-0700.

E = Excused.

* = On call.

TAB C
STANDARD OPERATING PROCEDURES
INDEX

<u>NUMBER</u>	<u>TITLE</u>	<u>PAGE NO.</u>
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TAB C-1

ACCEPT PRESCRIPTION

A. **PURPOSE:** To provide guidelines for accepting outpatient prescriptions presented for filling/dispensing to a patient.

B. **METHOD OF REQUEST:**

1. Prescription, Single, DD 1289, TAB J-1.
2. Prescription, Poly, NAVMED 6710/6, TAB J-2.
3. Verbal order in emergencies

C. **EQUIPMENT, SUPPLIES AND FORMS REQUIRED:** N/A.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Review for correctness and completeness and ensure that:

(a) Medication is available.

(1) If strength substitution is required, draw a single line through the incorrect strength, quantity, and dose, and write correct information above it.

(2) If prescribed item is not on the formulary, contact the prescriber and change the prescription by verbal order EXCEPT if a narcotic. Narcotic prescriptions must be rewritten. Annotate on the face of the prescription the changes, when the prescriber was called and the initials of the person calling the prescriber. Do not obliterate original information.

(b) Prescriber information is IAW MANMED 21-27(b).

(1) Orders for controlled medications are dispensed for Staff Physicians only.

(2) Schedule II and III Narcotics (see DOD Medical Catalog and TAB C-3) and other drugs identified by the

Commanding Officer are limited to a maximum of thirty oral doses.

2. Ensure patient's name and unit are correct and identified on the prescription(s).

3. Ask the patient if any drug allergies exist and write the response allergy(s) or "NKA" (for no known allergies) on the face of the prescription.

TAB C-2

TYPING THE LABEL

A. **PURPOSE:** To provide a guideline for typing prescription labels.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Blank, adhesive-backed labels.

D. **CRITERIA:**

Labels are prepared IAW MANMED, Chapter 21-5 and TAB G-17.

E. **STEPS:**

1. Type.

(a) "FH #1", (for Fleet Combat Zone Hospital #1) on line 1.

(b) Patient's name.

(c) Date, with month in letters.

(d) Drug, strength, and quantity.

(e) Directions to the patient.

(f) Prescriber's name and typist's initials.

(g) Any refills authorized.

(h) Drug expiration date if indicated.

NOTE: In warm, humid deployment sites, keep label rolls refrigerated prior to use and return them to the refrigerator after a few hours use.

TAB C-3

DRUG CATEGORIES

A. **PURPOSE:** To describe the three specific categories by which drugs are controlled.

B. **DEFINITION:** There are three (3) categories of medications stocked by the pharmacy:

1. Narcotic Medications: Schedules II and III narcotic), are strictly accountable items.

2. Controlled Medications: Schedules III (non-narcotic) IV and V.

3. Routine Medications: Non-scheduled and OTC's (over the counter medications).

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Consecutive numbering stampers (Bates Stamps), set on duplicate.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Dedicate one stamper for each drug category. Assign consecutive number series to each category, beginning each series with "0001".

2. Enter an "N" before each number assigned to narcotic prescriptions.

3. Enter a "C" before each number assigned to controlled prescriptions.

4. Routine prescription numbers require no preceding letter.

5. Each narcotic number must be accounted for.

NOTE: The Commanding Officer may add any "routine", non-scheduled medication to the narcotic and controlled medication categories IAW MANMED 21-20(3).

TAB C-4

FILL OUTPATIENT PRESCRIPTIONS

A. **PURPOSE:** To provide guidelines for filling an outpatient prescription.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Select the correct medication from stock, count out the quantity prescribed, and place in appropriate container. Do not dispense any desiccants.

For contaminated, non-usable and expired medications, see TAB C-24.

2. When dispensing narcotics:

(a) Verify the physical on-hand balance with the current balance on the appropriate 6710/5.

(b) Enter the quantity dispensed in the 6710/5 and adjust balance.

(c) "Cancel" the prescription by drawing a diagonal line across the face of the form.

(d) Enter the date, medication, and quantity dispensed on the face of the prescription and sign full signature. Do not obliterate any writing by the prescriber. See MANMED 21-27 and TAB J-18.

3. Record the manufacturer's name, lot number, expiration date and filler's initials in the appropriate space on the face of the prescription.

4. Affix the primary label, together with any auxiliary labels to the container.

TAB C-5

CHECKING OUTPATIENT PRESCRIPTIONS

- A. **PURPOSE:** To provide guidelines for verifying the correctness of a medication prior to dispensing.
- B. **DEFINITION:** N/A.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.
- D. **CRITERIA:** N/A.
- E. **STEPS:**
1. Compare the stock bottle contents with:
 - (a) The contents of the container being dispensed.
 - (b) The prescription.
 - (c) The prescription label.
 2. Match directions and quantities typed on the label to those prescribed.
 3. Screen allergies written on the prescriptions with the medication being dispensed.
 4. Screen dosage for proper therapy.
 5. Enter checker's initials on the face of the prescription.

NOTE: If errors are detected during steps 1 and 2, they will be corrected by pharmacy personnel prior to dispensing. If errors are detected during steps 3 and 4, correct by contacting the prescriber prior to dispensing.

TAB C-6

DISPENSING OUTPATIENT PRESCRIPTIONS

A. **PURPOSE:** To provide guidelines to be followed when dispensing outpatient prescriptions.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Present prescriptions to the patient, verifying patient's understanding of directions, side effects and precautions if applicable. Include review of any ancillary labels.

2. Obtain patient's signature and date on the back of each narcotic prescription dispensed. The words "Received by" must also appear with the patient's signature.

3. Match the name on the prescription with the patient's ID card when dispensing all controlled and narcotic medications.

TAB C-7

FILING PRESCRIPTIONS

A. **PURPOSE:** To provide guidance for filing prescriptions to create pharmacy archives, to allow easy retrieval, and to provide daily outpatient workload record.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. After prescriptions are filled, retain in a specified area in the pharmacy for a 24 hour period. At 0600, daily, count and record the number of all prescriptions filled since 0600 the previous day. (See TAB C-22)

2. After recording the count, file the prescriptions permanently. Maintain separate files for each of the three categories of medications described in TAB C-3 (narcotic, controlled, and other).

3. If using file boxes, file prescriptions sequentially with the highest number (most recent prescription) on top.

4. If using file drawers, bundle prescriptions in lots of 100 and band with outer wrapper. Write beginning and ending numbers, as well as date, on the outside of the wrapper.

TAB C-8

COMPOUNDING MEDICATIONS

A. **PURPOSE:** To provide guidelines for compounding medications.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Remington's Pharmaceutical Sciences.
2. Record book.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Compound the medication using proper pharmaceutical techniques.

(a) If a medication is a "one-time" order, record the ingredients and quantities used, and manufacturers information on the back of the prescription.

(b) If a medication to be compounded is to be prepared in bulk and used frequently:

Assign an eight-digit lot number (e.g. 86063001):

86063001=year

86063001=month

86063001=day

86063001=indicates the 1st item compounded

that
day

(c) Assign an expiration date:

(1) No later than 6 months after compounding.

(2) No later than the expiration date of any ingredient if sooner than six months.

(d) Complete compounding worksheet (example at TAB G-24)

2. Label preparation IAW TABs C-2 and C-14.

TAB C-9

**ISSUING/RECEIVING SCHEDULED MEDICATIONS TO/FROM PATIENT CARE
AREAS**

- A. **PURPOSE:** To provide guidelines for issuing all scheduled medications to the wards/patient care areas and provide a tracking system for returns.
- B. **DEFINITION:** N/A.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**
- NAVMED 6710/1, NAVMED 6710/4, DD1289, NAVMED 6710/5.
- D. **CRITERIA:**
1. Prescribers conform to MANMED 21-4.
 2. A Commissioned Officer receives the medication.
 3. The prescriber and receiver are different individuals.
- E. **STEPS:**
1. Pharmacy representative will:
 - (a) Type or print required information on 6710/1.
 - (b) Sign and obtain appropriate requestor signature in the appropriate blocks of 6710/1.
 - (c) Make appropriate entries on the Narcotic and Controlled Drug Inventory (NAVMED 6710/4) when the medication is issued.
 - (d) Issue no scheduled medication without making appropriate entries on the 6710/4 except in unusual instances in which cases entries will be made within 6 hours. During extreme emergencies, narcotics may be issued directly to a requesting physician and an appropriate entry made in the Pharmacy Journal.
Make entries on the 6710/4 as soon as practical.

(e) When Nursing Service returns a 6710/1, make appropriate entries on the corresponding 6710/5 and 6710/4.

2. All 6710/1's returned to the pharmacy will be reviewed and balances on hand-checked for accuracy by the Staff Pharmacist.

TAB C-10

PHARMACY SUPPLEMENTAL DRUG BOX REPLENISHMENT/ISSUE

A. **PURPOSE:** To provide medication required to supplement Spark Kits during certain, unspecified emergency procedures.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

A sealable box similar to a tackle box, containing medications listed in TAB C-23.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Prepare Supplemental Drug Boxes for distribution as follows:

Each Ward	7
Casualty Receiving	1
Surgical Suite	2
OR Prep and Hold	1
Each ICU	2
Specialty Treatment Area	1
Medical Support Area	1
Pharmacy (back-up)	6
Ambulance Boxes (Back-up for spare)	8
Total	29

2. Assemble boxes using components listed in TAB C-23.

3. Seal the boxes with an easily breakable seal.

4. Attach label to box exterior and enter the following:

(a) Expiration date (earliest date of any component).

(b) Date sealed.

(c) Sealed by.

5. Receive used boxes from hospital areas and issue a replenished box.

TAB C-11

PREPARING I.V. ADDITIVE PROFILE

A. **PURPOSE:** To provide guidelines for the use of this form.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. I.V. Additive Profile.
2. I.V. Additive Order Form.
3. Verbal orders.

D. **CRITERIA:**

A separate profile is prepared for each I.V. ordered.

E. **STEPS:**

1. Enter:
 - (a) Patient's name.
 - (b) Drug and strength ordered.
 - (c) Administration frequency using normal abbreviations (i.e.QID,TID,Q4H etc).
 - (d) Documented allergies (allergies listed on I.V. additive order form or NKA).
 - (e) Ward.
 - (f) Your initials as the transcriber.
2. Have transcription checked against the I.V. additive order form for accuracy.*

*NOTE: If order is provided verbally, repeat all information back to the person giving the order to verify accuracy.

TAB C-12

PREPARING I.V. ADMIXTURES

- A. **PURPOSE:** To provide guidelines for preparing I.V. admixtures.
- B. **DEFINITION:** The introduction of one or more medications into a solution to be given intravenously over a period of time.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**
1. I.V. Profile Cards.
 2. Needles.
 3. Syringes.
 4. Gloves.
 5. Labels.
 6. Isopropyl alcohol.
- D. **CRITERIA:**
1. Extremely clean working space.
 2. Knowledge of technique.
- E. **STEPS:**
1. Segregate I.V. profile cards by:
 - (a) I.V.s to be prepared for the next delivery.
 - (b) Drug.
 2. Thoroughly wash preparation surface areas, wipe with 70% isopropyl alcohol, and let air dry.
 3. Prepare only one type (drug) of I.V. at a time.
 4. Assemble:

- (a) Cards.
 - (b) Syringes.
 - (c) Needles.
 - (d) Typed labels.
 - (e) Medication.
 - (f) I.V. solution.
5. Using isopropyl alcohol, wipe all ports on bags/
bottles
and the entry point into the medication bottle.
6. Assemble needle/syringe unit.
7. Insert the needle into the rubber stopper of the
medication bottle at a 45° angle.
- (a) If the medication is in a vial, introduce air
into
it to facilitate drawing out the contents.
 - (b) If the medication is in an ampule, do not inject
air. Draw out required amount.
8. Insert the needle/syringe unit into the I.V. solution
again at a 45° angle. Examine the solution in front of a
light source. If any foreign substance (pieces of rubber,
etc.) or precipitates are noted, discard the entire solution.
- (a) If foreign substances are found repeat
preparation and correct technique.
 - (b) If precipitates are found there is a possibility
of incompatibilities.
9. Label medication and complete information on I.V.
Additive Profile. Enter expiration date on the label.(See TAB
E-13.)
10. Dispose of needle/syringe unit.

TAB C-13

WARD/PATIENT CARE AREAS FLOOR STOCK

A. **PURPOSE:** Each ward/patient care area must be well stocked.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. All areas will submit orders for required medications (Controlled Substances) on a Drug Requisition Sheet by 1000 each day. Emergency orders will be accepted anytime. Scheduled medications will be ordered on a DD 1289 IAW TAB E-1.

2. Pharmacy personnel will fill the orders and stage them for issue NLT 1500 daily (see TAB C-25). Emergency orders are filled when presented to the pharmacy.

(a) Medications issued with manufacturer's original labels need not be relabeled.

(b) Medications issued in bottles with no identifying information shall be labeled IAW TAB C-14.

3. Each Requisition Sheet will be signed by the filler and the receiver when the order is picked up.

4. Keep requisitions for routine items until the workload count is done the next morning, then discard. File DD 1289's for scheduled medications IAW TAB C-7.

TAB C-14

WARD ISSUE LABEL

A. **PURPOSE:** To provide guidelines for labeling medications issued to wards.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Drug Requisition Sheet, FHCZ-0806.

D. **CRITERIA:**

Medications in original manufacturer's container need not be relabeled.

E. **STEPS:**

1. Label all medications prepackaged by the pharmacy for issue to the patient care areas with the data below and see TAB G-17.

(a) Ward.

(b) Date issued.

(c) Medication name (trade and generic), strength, and quantity.

(d) Manufacturer, lot number and expiration date.

(e) Typist's initials.

(f) The narcotic/control number assigned if applicable.

2. Include any auxiliary labels required.

TAB C-15

"SPARK KIT" REPLENISHMENT

A. **PURPOSE:** To provide guidelines for maintaining Emergency "Spark" Kits.

B. **DEFINITION:** "SPARK KIT" is an acronym for "Systematic Pulmono/Cardiac Anaphylaxis Resuscitation Kit.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Medications.
2. Equipment seals.
3. Labels (for exp. date).

E. **STEPS:**

1. Accept depleted kits from using areas and issue a replenished kit.

2. Replace medications and equipment.

3. Check light source to ensure proper intensity.
Replace batteries as required.

4. Check each drug and IV bag for expiration date, noting the earliest which will serve as the controlling expiration date for the complete kit.

5. Reseal kit.

6. Label with expiration date determined in step 4.

7. Check expiration dates and seals monthly during ward inspections.

TAB C-16

PHARMACY JOURNAL

A. **PURPOSE:** To provide a sequential, chronological, legal record of significant events within the Department.

B. **CRITERIA:** Pharmacy staff will be familiar with the journal. All entries will be legible.

C. **EQUIPMENT SUPPLIES, AND FORMS REQUIRED:**

Standard record book.

D. **STEPS:**

1. The front cover must be marked with the Fleet Hospital Unit Identification Code (UIC), the title, "Pharmacy Daily Journal" and the date of the initial entry next to the word "OPENED" (i.e. OPENED 06 Jun 98)

2. When the log is closed, the date is written on the front cover next to the word "CLOSED" (i.e. CLOSED 06 Jun 98).

3. The calendar date and day will be entered at the top of each page and at that point within a page when a date change occurs.

4. Enter time of each entry in the left margin.

5. At a minimum, entries will include:

(a) Watch reliefs.

(b) Watch musters.

(c) Status of the narcotic counts after inventory.

(d) Status of emergency back-up drug box seals.

(e) Temperature of each refrigerator and discrepancies as noted.

(f) Staff injuries, admissions, or binnacle listings.

(g) Discrepant narcotic inventories and action taken.

(h) Equipment malfunctions and action taken.

(i) Dispensing errors and action taken. Record all information available.

(j) Daily workload counts at 0600.

6. Print name and sign upon relief.

7. All logs will be maintained in the pharmacy department.

G. **RESPONSIBILITY:**

1. Watch LPO.

Routine entries.

2. All hands.

(a) Make entry if necessary.

(b) Read the journal on reporting for duty.

TAB C-17

MEDICAL EMERGENCIES

A. **PURPOSE:** To establish the protocol to react to medical emergencies.

B. **DEFINITION:** A medical emergency is a situation causing a life threatening condition that requires immediate medical attention to sustain life.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Equipment.

(a) Spark kit, suction, oxygen tank, defibrillator.

(b) Litter with blankets.

2. Supplies.

(a) As noted above.

(b) As requested by attending physician.

(c) Emergency drug back-up box.

3. Forms.

Chronological record of patient care (SF 600).

D. **CRITERIA:**

All equipment properly supplied and functional.

E. **STEPS:**

1. Shock.

(a) Lay patient down with feet elevated.

(b) Keep patient warm.

(c) Notify medical officer.

2. Hemorrhage.

- (a) Apply direct pressure to area.
 - (b) Notify medical officer.
- 3. Pulmonary arrest.
 - (a) Establish airway.
 - (b) Give mouth-to-mouth.
- 4. Cardiopulmonary arrest.
 - (a) Establish airway.
 - (b) Start CPR.
 - (c) Notify medical officer.
 - (d) Call code.
- 5. Obstructed airway.
 - (a) Clear mouth.
 - (b) Four blows back, four and thrusts.
 - (c) Until airway opens.
 - (d) Notify medical officer.
- 6. Simple fainting.
 - (a) Lay patient down.
 - (b) Keep warm.
 - (c) Notify medical officer.

TAB C-18

MEDICATION DISPOSAL

A. **PURPOSE:** To provide guidance on the disposal of medication.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

E. **STEPS:**

1. All medications for disposal shall be delivered to the Pharmacy Supply Section. The Supply Division of the Material Management Department will coordinate disposal with

Environmental
Health and Public Works Departments.

2. Narcotic and controlled medications for destruction shall
be returned to the vault custodian for proper logging by the inventory board, survey and subsequent disposal as noted above and IAW MANMED 21-26 (1).

TAB C-19

WARD/PATIENT CARE AREA INSPECTIONS

A. **PURPOSE:** To provide guidelines for inspecting medication use and storage in patient care areas.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Ward Inspection Form, FHCZ-0804.

D. **CRITERIA:** N/A.

E. **STEPS:**

1. Inspect the appearance, expiration dates and storage area as noted on the Inspection Form.

2. Complete Ward Inspection Form in duplicate, sign, and obtain signature of Charge Nurse. Return original to the Pharmacy Supply LPO. Provide a copy to the Area Supervisor.

F. **RESPONSIBILITY:**

As assigned by the Pharmacy Supply LPO.

TAB C-20

MEDICATION ERRORS

A. **PURPOSE:** Identify measures to monitor and report medication errors originating in the pharmacy.

B. **DEFINITION:** See NAVMEDCOMNOTE 6320.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **CRITERIA:**

See NAVMEDCOMNOTE 6320.

E. **STEPS:**

1. Record complete information concerning the error in the Pharmacy Journal, see TAB C-16. At a minimum, include the following:

(a) Patient's name.

(b) Name of individual reporting the error.

(c) Circumstances of the error.

(d) Action taken to correct the error.

(e) Action taken to contact the patient.

2. The Staff Pharmacist will evaluate the error and action taken and determine if the incident should be reported on an Incident Report, (see NAVMEDCOMINST 6320.7).

3. The Staff Pharmacist will establish a system to monitor individuals committing errors and action taken to prevent further errors.

F. **RESPONSIBILITY:**

Staff pharmacist.

TAB C-21

STAFF RECALL

A. **PURPOSE:** To provide a system for the PM crew to recall off-duty personnel.

B. **DEFINITION:** N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Departmental Watch Bill.
2. Departmental Journal.

D. **CRITERIA:**

Staff is sufficiently augmented to meet increased patient load.

E. **STEPS:**

1. Senior technician of the watch will initiate recall when:

- (a) Increased workload results in unreasonable backlogs.
- (b) Directed by higher authority.

2. The recall will be:

- (a) Limited to the number of augmentees actively required.
- (b) Reported to the oncall pharmacist watch.
- (c) Recorded in the Pharmacy Journal (time, reason, and personnel recalled).

3. On call personnel will:

- (a) Respond promptly.
- (b) Report to senior technician.

TAB C-22

DEPARTMENTAL WORKLOAD REPORTING REQUIREMENTS

A. **PURPOSE:** To provide guidelines for reporting pharmacy workload.

B. **DEFINITION:**

1. Work units include:

(a) Outpatient prescriptions: Each prescription, new and refill, will count as "1" work unit.

(b) Floor Stock/Bulk Issue: Each "line item" counts as "1".

(1) If issuing one (1) bottle of 100 aspirins the count is "1" work unit.

(2) If issuing 4 bottles of a cough preparation to one ward (at 120 ml each) the count is "1" work unit.

(c) I.V. Admixture: each I.V. prepared is counted as one (1) work unit. If a patient requires 4 bags in a 24 hour period, the work unit would be four (4). If 2 medications via I.V. are ordered, one q6h, the other q12, the count is six (6) work units.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Medical Services and Outpatient Morbidity Report, NAVMED 6300/1.

D. **CRITERIA:**

1. Report is submitted accurately and on time.

2. Information is obtained from the Pharmacy Journal.

E. **STEPS:**

1. Accurately complete NAVMED 6300/1 to include number of:

(a) Outpatient prescriptions.

(b) I.V. admixtures.

(c) Floor stock issues.

2. Submit completed report to Commanding Officer, via the Director of Ancillary Services. Report not later than the first working day after last day of month.

3. Distribute report copies as follows:

(a) Original to patient affairs.

(b) Copy to pharmacy general files.

F. **RESPONSIBILITY:**

Chief, Pharmacy Technician.

TAB C-23

PHARMACY SUPPLEMENTAL DRUG BOX INVENTORY

<u>Drugs</u>	<u>Strength</u>	<u>Unit</u>
Aminophylline	25 mg/ml (250 mg)	2 x 10 ml
Bristo-Jet Atropine	0.1 mg/ml (1 mg)	2 x 10 ml
Bristo-Jet Diphenhydramine	10 mg/ml (50 mg)	3 x 5 ml
Bristo-Jet Bretylium ampule	50 mg/ml	2 x 10 ml
Verapamil ampule	2.5 mg/ml	2 x 2 ml
Calcium Chloride Ampule	100 mg/ml	2 x 10 ml AND 1 x 10 ml
Bristo-Jet Dexamethasone	4 mg/ml (20 mg)	1 x 5 ml
Bristo-Jet Dextrose	50%	1 x 50 ml
Bristo-Jet Digoxin (Lanoxin) ampule	0.25 mg/ml	3 x 2 ml
Phenytoin (Dilantin) ampule	50 mg/ml	2 x 5 ml
Dopamine (Intropin) ampule	40 mg/ml	1 x 5 ml
Ephedrine	5 mg/ml (50 mg)	2 x 10 ml
Bristo-Jet Epinephrine	1:10,000	2 x 10 ml
Bristo-Jet Propranolol ampule	1 mg/ml	3 x 1 ml
Isoproterenol (Isuprel) ampule	1:5,000	4 x 1 ml
Furosemide (Lasix) ampule	10 mg/ml	4 x 2 ml
Levarterenol (Levophed) ampule	1 mg/ml	2 x 4 ml
Naloxone (Narcan)	0.4 mg/ml	2 x 1 ml vial

Nitroprusside (Nipride)	50 mg/ml	1 x 5 ml vial
Procainamide (Pronestyl)	100 mg/ml	1 x 10 ml vial
Sodium Bicarbonate	75 mg/ml (44 meq)	4 x 50 ml
Bristo-Jet Hydrocortisone	100 mg/ml	2 each Mix-O-Vials
Lidocaine (Xylocaine)	10 mg/mg (100 mg)	4 x 10 ml Bristo-Jet (1%)
Diazoxide (Hyperstat) ampule	15 mg/ml	1x20ml
Heparin Flush	10 u/ml	1 x 30 cc multidose vial
Normal Saline for Injection ampule		5 x 5 ml
Sterile Water for Injection ampule		5 x 5 ml

TAB C-24

STANDARD MEDICATION ADMINISTRATION SCHEDULE

QD/QAM	0900
BiD	0900-2100
TiD	0900-1400-2100
QiD	0900-1300-1700-2100
Q3H	0300-0600-0900-1200-1500-1800- 2100-2400
Q4H	0200-0600-1000-1400-1800-2200
Q6H	0600-1200-1800-2400
Q12H	0600-1800
HS	2200

TAB C-25

PHARMACY MEDICATION ORDER/DELIVERY SCHEDULE*

Patient Care Areas, Floor Stock

Received Orders by: 1000
Orders Ready for Pick-up: 1500

I.V. Orders

<u>Orders Received</u>	<u>Time period to cover</u>	<u>Shift Responsible</u>	<u>Delivered at</u>
0900	1400-2000	AM's	1200
1400	2000-0600	AM's	1800
1800	0600-1400	NIGHT	0400

* Emergency orders will be taken anytime.

TAB C-26

**PROCEDURES FOR RELEASE OF
MEDICAL INFORMATION**

A. **PURPOSE:** To provide procedures of release of medical information within the hospital.

B. **DEFINITION:** Medical Information - Information contained in the health or dental record of individuals who have undergone medical examination or treatment.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** N/A.

D. **STEPS:**

Upon presentation of requests for medical information refer to procedures contained in the following references:

1. Manual of the Medical Department.
2. Freedom of Information Act, BUMEDINST 5720.8.
3. Personal Privacy and Rights of Individuals Regarding Records, SECNAVINST 5211.5.
4. Availability of Navy Records, Policies, SECNAVINST 5720.42.

E. **GENERAL GUIDELINES:**

1. Information contained in health care records of individuals who have undergone medical or dental examination or treatment is personal to the individual and is therefore considered to be of a private and confidential nature. Information from such health care records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, should not be made available to anyone except as authorized by the patient or as allowed by the provisions of Manual of the Medical Department and the Privacy Act of 1974 as implemented by SECNAVINST 5211.5 series.

2. Release of information will be coordinated by the Patient Affairs Officer.

3. Personal information of non-medical nature will not be released.

4. personnel in the patients chain of command may be provided with information required to conduct command business but will be referred to the Patient Affairs Office.

5. Release of information will conform to local command and superior command policy.

6. All Department Heads shall ensure wide dissemination of this information and compliance with procedures outlined herein.

F. **RESPONSIBILITY:**

1. Director of Administration.

2. Patient Affairs Officer.

3. Charge Nurse or Assistant.

TAB D
CLINICAL POLICIES/GUIDELINES
INDEX

<u>NUMBER</u>	<u>TITLE</u>	<u>PAGE</u>
D-1	Pharmacy Policies	49

TAB D-1

PHARMACY POLICIES

- A. Unit dose will not be provided by the pharmacy in the theater of operations.
- B. IV additive program will be provided primarily by Pharmacy with back-up by the Wards.
- C. Pharmacy will package and dispense medication for aeromedical evacuation and discharged to duty patients.
- D. Local production of IV fluids will be the responsibility of the Pharmacy.
- E. Hyperalimentation solutions will be prepared by the Pharmacy.

TAB E

STANDARDS AND JOB DESCRIPTIONS INDEX

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E-13	IV Admixture Compatibility Chart	

TAB E-1

HEAD, PHARMACY DEPARTMENT JOB DESCRIPTION

A. **RESPONSIBILITIES:** Responsible and accountable for the management of all functions of and services performed by the Pharmacy Department.

SPECIFICALLY, THE HEAD, PHARMACY DEPARTMENT WILL:

1. Establish policies and procedures for Pharmacy operations.
2. Fill and dispense medications to patients and wards.
3. Prepare I.V. admixtures.
4. Compound medications as required.
5. Approve all intra- and interdepartmental correspondence.
6. Approve all personnel performance evaluations.
7. Coordinate an in-service education and training program.
8. Prepare and submit all departmental reports in final form.
9. Advise medical staff regarding drug therapy.

B. **QUALIFICATIONS:**

1. Designator 2300/O-4/5.
2. Basic Cardiac Life Support (BCLS) certified.

TAB E-2

STAFF PHARMACIST JOB DESCRIPTION

A. **RESPONSIBILITIES:** Responsible and accountable for the management of all functions and services performed by the Pharmacy Department in the absence of the department head.

SPECIFICALLY, THE STAFF PHARMACIST WILL:

1. Act as custodian of all controlled substances issued to the pharmacy.

(a) Receive all supplies of same.

(b) Ensure monthly inventories are conducted by the Controlled Substance Inventory Board IAW MANMED, Chapter 21 and NAVMEDCOMINST 6710.9.

2. Oversee all issues and receipts of controlled substances to the wards.

3. Monitor techniques used to prepare I.V. admixtures.

4. Fill and dispense medications to patients and wards.

5. Prepare I.V. admixtures.

6. Compound medications as required.

7. Act as an advisor to medical personnel for drug therapy.

8. Conduct an inservice education and training program for pharmacy staff.

9. Perform administrative duties as assigned by the Head, Pharmacy Department.

10. Coordinate supply availability with Supply Officer.

11. Track, document, and report all dispensing errors.

12. Receive the completed Ward Inspection Sheets from the

Supply Petty Officer, submit a report to the Head, Nursing Service of discrepancies noted via chain of command.

13. Prepare and submit all forms required for surveying controlled substances IAW MANMED Chapter 21.

14. Submit Adverse Drug Reaction Reports.

15. Supervise supply procurement and make recommendations for improvement and/or replacement of products.

B. **QUALIFICATIONS:**

1. Designator 2300/0-3.

2. BCLS certified.

TAB E-3

CHIEF PHARMACY TECHNICIAN/SUPERVISOR JOB DESCRIPTION

A. **RESPONSIBILITIES:** Serves as manager of and advisor to all enlisted personnel; maintains a smooth workflow within the department.

SPECIFICALLY, THE CHIEF PHARMACY TECHNICIAN/SUPERVISOR WILL:

1. Direct, assist, orient and instruct staff in the principles, procedures and safety precautions employed in the Pharmacy Department.

2. Supervise, schedule and coordinate activities of departmental personnel.

3. Interpret and implement hospital policies and procedures applicable to the Pharmacy Department.

4. Evaluate the performance of all enlisted personnel.

(a) Maintain anecdotal notes on personnel.

(b) Maintain training/division files on all personnel.

(c) Prepare enlisted performance evaluations as required.

5. Coordinate leave/liberty for enlisted personnel.

6. Ensure all hands are familiar with all safety related codes, i.e., fire and evacuation flow charts during both drills and actual emergencies.

7. Prepare and submit changes to the Pharmacy Department procedure manual for approval by the Head, Pharmacy Department.

8. Develop and prepare departmental report.

9. Prepare monthly morbidity report.

10. Prepare and submit watch bills monthly.
11. Fill and dispense medications to patients and wards.
12. Prepare I.V. admixtures.
13. Compound medications as required.
14. Assist the Head, Pharmacy Department.
15. Identify educational needs for the department and help plan and teach the program.

B. **QUALIFICATIONS:**

1. Rate E-7/HMC.
2. NEC 8482.
3. BCLS certified.

TAB E-4

**LEADING PETTY OFFICER PHARMACY DISTRIBUTION SECTION
JOB DESCRIPTION**

A. **RESPONSIBILITIES:** Responsible for maintaining a smooth workflow, ensuring that medications are dispensed to patients in a timely manner, and ensuring ward delivery schedules followed.
Perform duties as LPO of the watch.

SPECIFICALLY, THE LEADING PETTY OFFICER PHARMACY
DISTRIBUTION SECTION WILL:

1. Report aboard 15 minutes prior to muster to obtain report from the previous watch.
2. Muster personnel, review the Plan of the Day, any policy changes and any special requirements pending.
3. Make daily personnel assignments, set the work pace and priorities.
4. Ensure the workload counts are completed, by 0600 each day and that the previous day's prescriptions are filed.
5. Supervise subordinates performance in both professional and military aspects.
6. Ensure tasks are properly completed and conform to standards.
7. Ensure high standards of personal hygiene and conduct are maintained.
8. Maintain clean spaces and ensure that the cleaning bill is followed.
9. Report to and obtain assistance from the Chief Technician as needed.
10. Ensure ward delivery schedules are followed.

11. Advise the Chief Technician of necessary changes to policies.

12. Assist in monthly checks for expired medications.

13. Fill and dispense medications to patients and wards.

14. Prepare I.V. admixtures.

15. Hold report with oncoming shift LPO.

16. Compound medications as required.

17. Become familiar with the duties of the watch section LPO. (IAW TAB E-8.)

18. Perform other duties as assigned.

B. **QUALIFICATIONS:**

1. Rank E-6/HM1 (recommended).

2. NEC 8482.

3. BCLS certified.

TAB E-5

**LEADING PETTY OFFICER PHARMACY SUPPLY SECTION
JOB DESCRIPTION**

A. **RESPONSIBILITIES:** Responsible for management of all supplies and supply functions in the pharmacy department. Stands duty as the LPO of the shift.

SPECIFICALLY, THE LEADING PETTY OFFICER PHARMACY SUPPLY SECTION WILL:

1. Monitor levels of all items carried and prepare supply requisitions for Material Management Department when necessary.
(See Chapter 14.)

2. Advise the Staff Pharmacist of any difficulties in maintaining proper levels of items carried.

3. Ensure stock rotation is done when new stock arrives.

4. Monitor and assist in the conduct of monthly checks for expired items within the pharmacy and ensure ward/patient care areas monthly inspections are completed.

5. Prepare maintenance work requests and monitor progress.

6. Maintain Emergency Drug back-up boxes.

7. Perform other duties as assigned.

8. Become familiar with the duties of the watch section LPO (IAW TAB E-8).

9. Ensure all medications identified for disposal are inspected by pharmacist for possibility of continued use if in short supply.

B. **QUALIFICATIONS:**

1. Rank E-6/HM1 (recommended).

2. NEC 8482.

3. BCLS certified.

TAB E-6

**PHARMACY TECHNICIAN ALTERNATE SUPPLY PETTY OFFICER
JOB DESCRIPTION**

A. **RESPONSIBILITIES:** Under the direction of the Head, Pharmacy Department, and the supervision of the Chief Pharmacy Technician, fill and dispense medications to patients and patient care areas with little or no supervision. Perform duties of Supply Petty Officer in his absence. Perform duties as LPO of the shift.

SPECIFICALLY, THE PHARMACY TECHNICIAN ALTERNATE SUPPLY PETTY OFFICER WILL:

1. Fill and dispense medications in a timely and professional manner.
2. Prepare I.V. admixtures.
3. Compound medications as required.
4. Supervise and advise subordinates.
5. Assist the Chief, Pharmacy Technician in enforcing the policies of the command and department.
6. Become familiar with the duties and responsibilities of the Leading Petty Officer, Pharmacy Supply Section.
(See TAB E-5.)
7. Perform any additional duties assigned.

B. **QUALIFICATIONS:**

1. Rank E-5/HM2.
2. NEC 8482.
3. BCLS certified.

TAB E-7

PHARMACY TECHNICIAN JOB DESCRIPTION

A. RESPONSIBILITIES:

1. Fill and dispense medications to patients and patient care areas.
2. Prepare I.V. admixtures.
3. Compound medications as required.
4. Advise watch LPO of any problems or changes to normal procedures.
5. Maintain cleanliness and orderliness of working spaces and equipment.
6. Perform monthly expiration date checks, within the pharmacy and patient care area inspections. Turn in all unusable medications to the Pharmacy Supply Department.
7. Perform other duties as assigned.

B. QUALIFICATIONS:

1. Rank E-5/HM2 - E-4/HM3.
2. NEC 8482.
3. BCLS certified.

TAB E-8

WATCH SECTION LPO JOB DESCRIPTION

A. **RESPONSIBILITIES:** Responsible for the smooth operation of the department in the absence of a pharmacist or Chief, Pharmacy Technician.

SPECIFICALLY THE WATCHSTANDER WILL:

1. Inventory all narcotics at the beginning of the watch and remain on duty until subsequent watch has inventoried same.

(a) Count the physical balance and match it to the balance entered on the 6710/5 (perpetual inventory) for that medication.

(b) If no discrepancy exists, enter the words "No Discrepancies Noted" on the 6710/4 (Narcotic and Controlled Drug Inventory-24 hour) and sign.

(c) If a discrepancy exists, notify the LPO of the previous watch. All transactions and math for the previous shift will be verified by both LPO's.

(1) If the discrepancy is a math error, correct with a single line through the incorrect entry, initial it and write the correct entry above it.

(2) If the discrepancy is a result of dispensing error, make every attempt to rectify it (i.e. search, audit issues, request overissues be returned, etc.). If unable to resolve, note the discrepancy (Ex. +3 Codeine) and sign the 6710/4 and enter all known facts in the Pharmacy Journal.

2. At 0600 daily, the night watch LPO will determine the workload counts for outpatient prescriptions, I.V. admixtures, patient care area dispensing, and enter totals in the Pharmacy Journal.

3. Maintain the Pharmacy Journal IAW TAB C-16.

4. Initiate departmental recall as required, IAW TAB C-21.

5. Supervise preparation of all medications.
6. Obtain a report from the previous watch LPO.
7. Dispense narcotic/controlled medications to the patient
care areas when requested IAW MANMED 21-27 and TAB C-9.
8. Compound medications as required.
9. Prepare I.V. admixtures
10. Fill and dispense medications to patients and wards.
11. Record temperature of refrigerators. If discrepant,
see TAB C-20.

B. **QUALIFICATIONS:**

1. Rank E-6/E-5 (Senior) - HM1/HM2.
2. NEC Pharmacy Technician.

TAB E-9

PHARMACY CLEANING BILL

- A. **PURPOSE:** To maintain the cleanliness of the department and keep all areas free from environmental hazard.
- B. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:** Self evident.
- C. **STEPS:**
1. Glassware.
 - (a) Use mild detergent and rinse with water.
 - (b) Final rinse with 70% isopropyl alcohol.
 - (c) Allow to air dry.
 - (d) Frequency: when used.
 2. Work surfaces: Counters, counting trays and utensils.
 - (a) Use mild detergent and rinse with water.
 - (b) Final wipe with isopropyl alcohol.
 - (c) Allow to air dry.
 - (d) Frequency: Prior to watch relief.
 3. Compounding counters and utensils.
 - (a) Use detergent and rinse with water.
 - (b) Final wipe with isopropyl alcohol.
 - (c) Allow to air dry.
 - (d) Frequency: Prior to and after each use.
 4. Decks.

Sweep and mop with detergent prior to watch relief or more frequently if necessary.

5. Bulkheads.

(a) Wiped with a detergent solution.

(b) Frequency: Monthly or more frequently if necessary

6. Trash.

(a) Empty all trash containers prior to watch relief or more frequently if necessary.

(b) Clean all trash containers with detergent solution during the PM watch on Thursdays.

7. Refrigerators.

(a) Wipe with a mild detergent solution monthly.

(b) Clean up spills and leaks immediately.

D. **CLEANING SCHEDULE:**

1. Prior to watch relief or more frequently if required:

(a) Wipe down work surfaces.

(b) Sweep and swab decks.

(c) Dispose of trash.

2. Thoroughly wash all trash containers weekly.

3. Thoroughly wash bulkheads monthly or more frequently if required.

4. Clean glassware, utensils, compounding gear, etc. after each use.

TAB E-10

WORKING UNIFORM

A. **PURPOSE:** To identify the authorized working uniform for Pharmacy personnel.

B. **POLICY:**

The prescribed uniform of the day will be worn at all times or as directed.

TAB E-11

ANTIDOTE LOCKER

A. **DESCRIPTION:** The antidote locker is located in the Casualty Receiving Area IAW MANMED 21-8 and NAVMED P-5095.

1. Casualty Receiving Staff will:

(a) Submit a Drug Requisition Sheet to the pharmacy for drug items used and to other appropriate areas for additional items (i.e. utensils).

(b) Ensure that using personnel are familiar with contents.

(c) Reseal locker upon receipt of medications and/or other items.

2. Pharmacy Staff will:

(a) Fill orders and replenish locker in a timely manner upon receipt of an appropriate requisition.

(b) Inspect monthly for expired medications.

TAB F

REFERENCES

INDEX

<u>NUMBER</u>	<u>REFERENCE NUMBER</u>	<u>TITLE</u>
F-1		Manual of the Medical Department
F-2		Remington's Pharmaceutical Sciences
F-3	NAVMED P-5095	Poisons,Overdoses and Emergency First Aide, Two phamplets included: one for pharmacy reference, one antidote locker
F-4		Pharmacy Formulary
F-5		Goodman and Gilman: The Pharmaceutical Basis of Therapeutics.
F-6		The American Hospital Formulary Service*
F-7		Hasten's Drug Interactions
F-8		Physician's Desk Reference**
F-9	NAVMEDCOMINST 6300.2	
F-10	NAVMEDCOMINST 6320.7	
F-11	NAVMEDCOMNOTE 6320 of 20 Jun 86	
F-12	NAVMEDCOMINST 6710.9	Controlled Substance Inventory
F-13		DOD Medical Catalog

* Updated Quarterly

** Updated Annually

TAB G**FORMS****INDEX**

<u>NUMBER</u>	<u>FORM NUMBER</u>	<u>FORM TITLE</u>	<u>PAGE</u>
G-1	DD1289	Prescription Single	
G-2	NAVMED 6710/6	Prescription Poly	
G-3	NAVMED 6710/5	Perpetual Inventory	
G-4	NAVMED 6710/1	Narcotic and Controlled Drug Account Record	
G-5	NAVMED 6710/4	Narcotic and Controlled Drug Inventory-24 hour	
G-6	FHCZ-0801	I.V. Additive Order Form	
G-7	FHCZ-0802	Intravenous Additive Profile	
G-8	FHCZ-0806	Drug requisition Sheet	
G-9	FHCZ-0803	Monthly Expiration Verification Checklist	
G-10	NAVMED 6700/4	Public Works Request Form	
G-11	FHCZ-0804	Ward Inspection Form	
G-12	DD1289	Example, Dosage Change	
G-13	DD1289	Example, Medication Change	
G-14	NAVMED 6710/4	Example, Drug Inventory Record	
G-15	NAVMED 6710/1	Example, Narcotic Dispensing to wards	
G-16	NAVMED 6300/11	Medical Facility Incident Report	
G-17		Sample Label Format	68

G-18	DD1289	Example, Narcotic Prescriptions	
G-19	DD1289	Example, Filling Prescriptions	
G-20	FHCZ-0802	Example, I.V. Additive Profile	
G-21	FDA 1639	Drug Experience Report	
G-22	NAVMED 6300/1	Morbidity Report	
G-23	SF 380	Material Complaints Report	
G-24	FHCZ-0805	Compounding Worksheet	69
G-25	DD 599	Patient's Effects Storage Tag	
G-26	NAVMED 6010/8	Patient's Valuables Envelope	
G-27		Daily CONREQ for HVMC Items	

TAB G-17

SAMPLE, LABEL FORMAT

FHCZ-1 06JUN86
John SMITH
Take 1 tablet 4 times daily until gone
PEN VK 250mg #40
DR JOHNSON/3m NO REFILLS

OUTPATIENT PRESCRIPTION LABEL

FHCZ-1 06JUN86
WARD #2
ACETAMINOPHEN 325mg #100
(TYLENOL)
McNEIL LABS LOT# 3b-6758
EXP: 12/89
MMM

WARD/PATIENT CARE AREA ISSUE LABEL

FHCZ-1 06JUN86
Timothy SCHULTZ WARD #4
AMPICILLIN 1 Gm I.V. (QID)
EXPIRES:
MMM

PATIENT I.V. ADMIXTURE LABEL

TAB G-24

FHCZ-0805

PHARMACY COMPOUNDING WORKSHEET

PREPARATION & STRENGTH

DATE

ASSIGNED LOT NUMBER

SOURCE OF FORMULA

INGREDIENTS & STRENGTH
EXP DATE

AMOUNT

MANUFACTURER

LOT #

1.

2.

3.

4.

5.

6.

7.

8.

COLOR

PROCEDURE

TOTAL WT: W/W V/V W/V

EXPIRATION DATE

PREPARED/CHECKED BY

PRESCRIPTION NO.

ALCOHOL NO.

CONTROL NO.

NARCOTIC NO.

COMMENTS